



PHYSICAL THERAPY BOARD OF CALIFORNIA
CONSUMER PROTECTION SERVICES

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204
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 EMAIL cps@dca.ca.gov



EXPERT CONSULTANT/PRACTICE MONITOR APPLICATION

Thank you for your interest in serving the Physical Therapy Board of California (Board) as an expert consultant and/or practice monitor. Please attach a current Curriculum Vitae with the completed application. Please print clearly.

Application for: ☐ Expert Consultant and/ or ☐ Practice Monitor

Applicant's Full Name: (Last, First, MI)	
Residence Address: Street Address:	Mailing Address: (if different from Residence) Street Address:
City: State: Zip Code:	City: State: Zip Code:
Home Telephone Number: ()	Cellular Telephone Number: ()
Work Telephone Number: ()	E-Mail Address:
PT License #:	Expiration Date of License:
Place of Employment: Name: Practice Setting:	

1. What percentage of your current practice involves actual hands on patient related tasks?
2. What areas of physical therapy do you specialize in (i.e. pediatrics, geriatrics, etc.)?
3. Have you ever been subject to disciplinary action by the Physical Therapy Board of California? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach your explanation on a separate sheet of paper.
4. Have you had your clinical privileges limited, revoked or have you been disciplined by a health care facility? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach your explanation on a separate sheet of paper.
5. Have you ever had a malpractice/professional liability judgment levied against you? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach your explanation on a separate sheet of paper.
6. Have you ever served as an expert consultant/witness for any of the following? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate where you have served. <input type="checkbox"/> American Physical Therapy Association <input type="checkbox"/> A state licensing board other than the Physical Therapy Board of California <input type="checkbox"/> An insurance company <input type="checkbox"/> Attorney General's Office <input type="checkbox"/> District Attorney's Office <input type="checkbox"/> A civil case <input type="checkbox"/> Other organization or program, please specify: _____

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7. List any continuing education courses completed in the past three years.

8. Have you ever provided instruction at a physical therapist/physical therapist assistant educational program in the past five years?

☐ No ☐ Yes If yes, please name the educational program(s).

9. Have you ever served as a subject matter expert for the National Physical Therapy Examination and/or the California Law Examination?

☐ No ☐ Yes If yes, please indicate the examination and year.

☐ National Physical Therapy Examinations Year: _____

☐ California Law Examination Year: _____

10. Identify the counties in which you are willing to travel as an expert consultant and/or practice monitor.

I understand that all information provided to me will be confidential and shall not be discussed with anyone unless so directed by the Physical Therapy Board of California and I will provide a full written report and return all documents to the Board within the guidelines established by the Board. I also agree to conduct onsite reviews if required by the Board.

Signature

Date

Please return completed application to:

Physical Therapy Board of California
Expert Consultant/Practice Monitor Application
1418 Howe Avenue, Suite 16
Sacramento, CA 95825-3204